



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005806		
1. Entity Name JEWETT EDUCATION FOUNDATION, INC.		
Principal Place of Business 2447 MARY JEWETT CIR WINTER HAVEN, FL 33881		Mailing Address 2447 MARY JEWETT CIR WINTER HAVEN, FL 33881
DO NOT WRITE IN THIS SPACE		
		 01302007 No Chg-NP CR2E037 (4/06)
4. FEI Number 20-1175012		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HARDAWAY, LARRY 310 E MAIN ST BARTOW, FL 33830		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, DONZELL 2447 MARY JEWETT CIR WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, GLENDA 2205 12 ST NW WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, DAISY 2204 2 ST NE WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Donzell Floyd Donzell Floyd</u>		<u>1/31/07 (863) 293-6548</u> Date Daytime Phone #